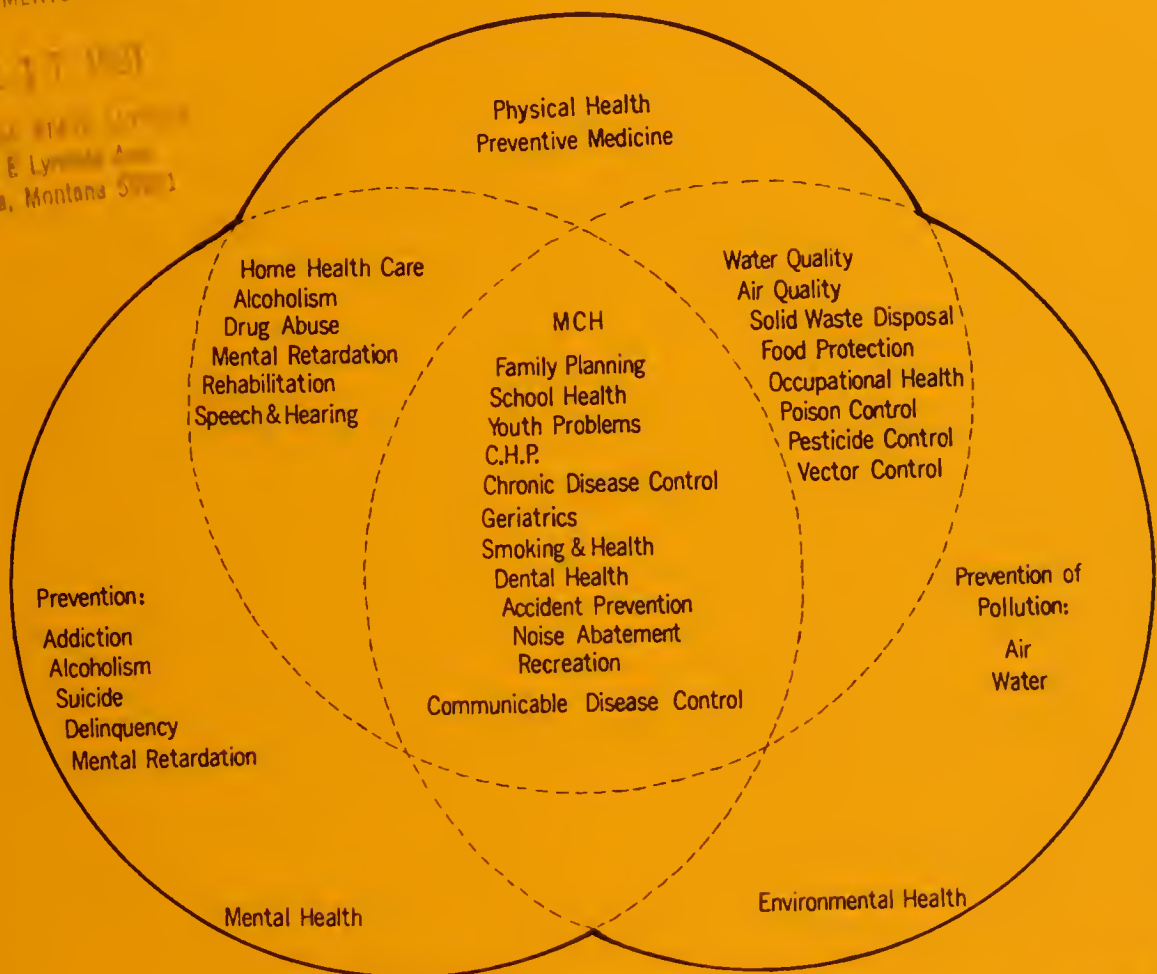


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HANDBOOK FOR LOCAL HEALTH DEPARTMENTS

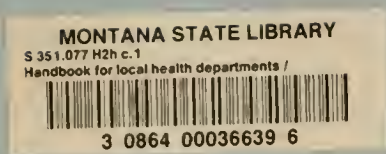
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Prepared by Montana State Dept. of Health and Environmental Sciences



HANDBOOK FOR
LOCAL HEALTH DEPARTMENTS
SECOND EDITION

The first edition of this handbook was printed and distributed in 1975. It proved to be useful to a variety of persons. We were unable to fill requests for this handbook when the supply of them ran out.

We have attempted to bring all the information up-to-date including changes made by the 1977 legislature.

Names of individuals have been omitted from this edition since personnel changes render this information obsolete in a relative short period of time.

Persons requesting copies of regulations cited in the handbook may write to this office or the particular bureau administering the regulation.

Again, we welcome suggestions for future changes in the handbook.

A. C. Knight, M.D., F.C.C.P.
Director
Department of Health and
Environmental Sciences

July 20, 1977

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MONTANA STATE DEPARTMENT OF HEALTH

AND

ENVIRONMENTAL SCIENCES

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Director
Helena, Montana

STATE BOARD OF HEALTH AND ENVIRONMENTAL SCIENCES

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Lewistown

John A. Newman, M.D.
Butte

SUMMARY OF THE FUNCTIONS

OF THE

BOARD OF HEALTH AND ENVIRONMENTAL SCIENCES

1. Advise the department in public health matters.
2. Hold hearings on:
 - (a) Denial or cancellation of ambulance service licenses;
 - (b) Denial or cancellation of hospital or hospital - related facilities licenses,
 - (c) Disapproval of an application for construction of a health care facility.
3. Air pollution control.
 - (a) adopt rules and issue orders relating to air pollution.
 - (b) Classify air contaminant sources.
 - (c) Issue permits for equipment, etc., which might contribute to air pollution.
 - (d) Establish emission standards.
 - (e) Hold hearings on enforcement of air pollution standards.
 - (f) Hold hearings on emergency procedures used to control air pollution.
 - (g) Grant variances to air pollution standards.
 - (h) Regulate local air pollution control programs.
 - (i) Approve federal aid applications for local air pollution control programs.
4. Occupational health.
 - (a) Adopt rules and issue orders relating to industrial hygiene.
 - (b) Issue permits for equipment, etc., which might contribute to air pollution.
 - (c) Establish limitations on emissions of pollutants to prevent or control occupational diseases.
 - (d) Hold hearings on enforcement of industrial hygiene standards.
 - (e) Hold hearings on emergency procedures used to control industrial hygiene standards.
 - (f) Grant variances to industrial hygiene standards.
 - (g) Approve federal aid applications for industrial hygiene programs.
5. Water pollution control.
 - (a) Hold hearings on denial, modification, suspension or revocation of permits relating to water pollution control.
 - (b) Control state matching funds for construction of water pollution control facilities.
 - (c) Establish water pollution standards and classification of water.
 - (d) Hold hearings on establishment of water classification standards.
 - (e) Hold hearings on enforcement of water pollution standards.
 - (f) Hold hearings on emergency procedures used to control water pollution.
6. Have general supervision over public waters.
7. Direct disclosure of vital statistics information to other government agencies.
8. Hold hearings on granting, suspending, revoking or amending ionizing radiation licenses and hold hearings on emergency procedures taken to control radiation.

DEFINITION AND PHILOSOPHY OF PUBLIC HEALTH

Public Health is defined by Webster as either the combined health of the people of the community or all those measures taken by the community to promote and protect the health of its citizenry. The World Health Organization defines health as a state of complete physical, mental, social well-being, and ability to function, not merely the absence of illness - a very positive definition. Health and public health should be the concern of everyone working in a health field. All the various programs involving public health whether it be solid waste disposal or family planning should try to attain many of the following guidelines for program goals:

1. Personal responsibility for health - to educate the individual so he has enough knowledge to make proper decision that affect his well-being.
2. Identifying and following-up the people at high-risk.
3. Changing the underlying causes of the high-risk.
4. Establishing the capability for the availability of health services.
5. Coordinating into an effective program the many divisions of public and private medicine.
6. Making the community a healthy place to live.
7. Regulatory influence if necessary to insure quality care.

Health of the individual and the people is indivisible. Disease should never be considered a wholly personal matter for illness of one affects others in a wide variety of ways.

LOCAL BOARDS OF HEALTH

CHAPTER 45

- Section 69-4501. Definitions.
- 69-4502. General supervision by Department of Health and Environment Sciences.
- 69-4503. Federal funds - acceptance - allocation.
- 69-4504. County boards of health.
- 69-4505. City boards of health - first and second class cities - appointment of members.
- 69-4506. City-county boards of health - appointment of members.
- 69-4507. District boards of health - appointment of members.
- 69-4508. Financing of local boards of health - appropriations - tax levies.
- 69-4508.1. Legal adviser.
- 69-4509. Functions, powers and duties of local boards of health.
- 69-4510. Local health officers - powers and duties.
- 69-4511. Local health officers - appointment.
- 69-4512. Visiting nurses.
- 69-4513. Health officers - assistance of peace officers in enforcing law.
- 69-4514. Cases of communicable disease - reports by practitioners of the healing arts.
- 69-4515. Smallpox vaccination.
- 69-4516. Diseased prisoners - removal from jail to hospital by local health officer.
- 69-4517. Obstructing local health officer in the performance of his duties unlawful.
- 69-4518. Dead animals - unlawful disposition.
- 69-4519. Penalty.
- 69-4501. Definitions. As used in this chapter, unless the context clearly indicates otherwise:
- (1) "Local board" means a county, city, city-county, or district board of health.
- (2) "Local health officer" means a county, city, city-county, or district health officer appointed by the local board.
- (3) "Physician" means a physician legally authorized to practice medicine in this state.
- History: En.Sec. 78, Ch. 197, L. 1967.
- 69-4502. General supervision by department of health and environmental sciences. The department of health and environmental sciences has general supervision over local boards.
- History: En.Sec. 79, Ch. 197, L. 1967;
- Amd. Sec. 54, Ch. 349, L. 1974.

69-4503. Federal funds - acceptance - allocation. The department may accept funds for public health from an agency of the federal government, or from any other agency or person, and allocate funds to local boards.

History: En.Sec. 80, Ch. 197, L. 1967; amd. Sec. 55, Ch.349, L.1974.

69-4504. County boards of health. There is a county board of health in each county consisting of:

(1) the county commissioners, and two members who are appointed by the county commissioners and serve at their pleasure; or (2) five persons who are appointed by the county commissioners and serve at their pleasure. Terms of appointed members shall be staggered and be for three years each. The county commissioners shall establish the staggered order of terms and all rules necessary to establish and maintain the board.

History: En.Sec. 81, Ch. 197, L.1967; amd. Sec. 1, Ch.216,L.1969; amd. L. 1977.

69-4505. City boards of health - first and second class cities- appointment of members. There is a city board of health in each first and second class city consisting of five persons who are appointed by the governing body of the city and serve at their pleasure. Terms of appointed members shall be staggered and shall be for three years each. The governing body of the city shall establish the staggered order of terms and all regulations necessary to establish and maintain the board.

History: En.Sec. 82, Ch. 197, L.1967; amd. Sec. 2, Ch.216, L.1969.

69-4506. City-county boards of health - appointment of members. By mutual agreement between the county commissioners and the governing body of the city, the county and a first or second class city, or cities, may form a city-county board of health. A city-county board of health consists of:

(1) one person appointed by the county commissioners who serves at their pleasure;

(2) one person appointed by the governing body of each city that participates in the city-county board who serves at the pleasure of the appointing governing body;

(3) additional members appointed by the county commissioners and governing body, or bodies, of the city or cities participating in the city-county board as mutually agreed upon, who serve at the pleasure of the appointing commissioners or governing body. The board shall be composed of at least five persons. Terms of appointed members shall be staggered and shall be for three years each. By mutual agreement between the county commissioners and the governing body of the city, they shall establish the staggered order of terms and all regulations necessary to establish and maintain the board.

History: En.Sec. 83, Ch. 197, L.1967; amd. Sec.3, Ch.216, L.1969.

69-4507. District boards of health - appointment of members. By mutual agreement, two or more adjacent counties may unite to create a district board of health. First and second class cities located in those counties may elect to be included in the district. A district board of health consists of:

- (1) one person appointed by the county commissioners of each county in the district who serves at the pleasure of the appointing commissioners;
- (2) one person appointed by the governing body of each city that elects to be included in the district, who serves at the pleasure of the appointing governing body;
- (3) additional members appointed by the county commissioners of each county that participates in the district board as mutually agreed upon, who serve at the pleasure of the appointing commissioners.

History: En.Sec. 84, Ch. 197, L.1967.

69-4508. Financing of local boards of health - appropriations - tax levies.

(1) Local boards are financed by general fund appropriations, special levy appropriations, state and federal funds available, and contributions from school boards and other official and nonofficial agencies.

(2) Appropriations are made as follows:

(a) County boards are financed by an appropriation from the general fund of the county after approval of a budget in the way provided for other county offices and departments under Title 16, chapter 19.

(b) City boards are financed by an appropriation from the general fund of the city after approval of a budget in the way provided for other city offices and departments under Title 11, chapter 14.

(c) If a city-county board is created, it is financed by one of the following methods:

(i) The county commissioners and governing body of each participating city shall mutually agree upon the division of expenses. The county's part of the total expenses is financed by an appropriation from the general fund of the county after approval of a budget in the way provided for other county offices and departments under Title 16, chapter 19. City's part of each participating total expenses is financed by an appropriation from the general fund of the city after approval of a budget in the way provided for other city offices and departments under Title 11, chapter 14. All moneys shall be deposited with the county treasurer who shall disburse them as county funds.

(ii) In first and second class counties, the county commissioners and governing body of each participating city may mutually agree upon the division of the expenses. The county's part of the total expenses is financed by a special levy of not more than 5 mills on the taxable valuation of all property outside the incorporated limits of each participating city, after approval of a budget in the way provided for other county offices and departments under Title 16, chapter 19. If the 5-mill levy is not sufficient to fund the county's share, the county commissioners may supplement it with an appropriation from the county general fund. Each participating city's part of the total expenses is financed by a special levy of not more than 5 mills on the taxable valuation of all property within the incorporated limits of the city, after approval of a budget in the way provided for other city offices and departments under Title 11, chapter 14. All moneys shall be deposited with the county treasurer who shall disburse them as county funds. The special levies authorized by this subsection are in addition to all other levies authorized by law.

(d) District boards are financed by appropriations from the general funds of each county in the district in proportion to the population in each county. First and second class cities which elect to be included in the district contribute to the county in which they are located in the way proved for city-county boards under subsection (2) (c) of this section. All funds shall be deposited with the county treasurer of one of the counties as agreed upon by the commissioners of the counties in the district. The county treasurer shall disburse the funds as county funds.

(3) School boards and other official and nonofficial agencies may contribute funds to a local board.

(4) If the general fund of a city or county is not sufficient to meet the approved budget, a levy of not more than 1 mill may be made on the taxable valuation of all property in the city or county in addition to all other levies authorized by law.

History: En. Sec. 85, Ch. 197, L. 1967; amd. Sec. 4, Ch. 216, L. 1969; amd. Sec. 1, Ch. 196, L. 1971; amd. Secs. 108, 111, Ch. 349, L. 1974; amd. Sec. 2, Ch. 273, L. 1975; amd L. 1977.

69-4508.1. Legal advisor. The county attorney shall serve as legal advisor to local boards as established by Sections 69-4504 and 69-4506, R.C.M. 1947. The county attorney shall represent the local board in those matters relating to the functions, powers and duties of local boards.

History: En. 69-4508.1 by Sec. 1, Ch. 273, L. 1975.

69-4509. Functions, powers and duties of local boards of health.

- (1) Local boards shall:
 - (a) appoint a local health officer who is a physician or a person with a master's degree in public health or equivalent and appropriate experience as determined by the department and fix his salary;
 - (b) elect a chairman and other necessary officers;
 - (c) employ necessary qualified staff;
 - (d) adopt bylaws to govern meetings;
 - (e) hold regular meetings quarterly and hold special meetings as necessary;
 - (f) supervise destruction and removal of all sources of filth which cause disease;
 - (g) guard against the introduction of communicable disease; sanitary conditions.
- (2) Local boards may:
 - (a) quarantine persons who have communicable diseases;
 - (b) require isolation of persons or things which are infected with communicable diseases;
 - (c) furnish treatment for persons who have communicable diseases;
 - (d) prohibit the use of places which are infected with communicable diseases;
 - (e) require and provide means for disinfecting places which are infected with communicable diseases;
 - (f) accept and spend funds received from a federal agency, the state, a school district, or other persons;
 - (g) contract with another local board for all, or a part of, local health services;
 - (h) reimburse local health officers for necessary expenses incurred in official duties;
 - (i) abate nuisances affecting public health and safety; or bring action necessary to restrain the violation of public health laws or rules;
 - (j) adopt necessary regulations and fees for the control and disposal of sewage from private and public buildings not currently connected to any municipal system. Fees shall be deposited with the county treasurer;
 - (k) adopt rules, which do not conflict with rules adopted by the department;
 - (i) for the control of communicable diseases,
 - (ii) for the removal of filth which might cause disease or adversely affect public health,
 - (iii) on sanitation in public buildings which affects public health,
 - (iv) for heating, ventilation, water supply and waste disposal in public accommodations which might endanger human lives.

History: En. Sec. 86, Ch. 197, L. 1967; amd. Sec. 4, Ch. 216, L. 1969; amd. Sec. 1, Ch. 196, L. 1971; amd. Secs. 108, 111, Ch. 349, L. 1974; amd. Sec. 2, Ch. 273, L. 1975

69-4510. Local health officers - powers and duties.

- (1) Local health officers, or their authorized representative shall:
 - (a) make inspections for sanitary conditions;
 - (b) as directed by the local board, issue written orders for the destruction and removal of filth which might cause disease;
 - (c) with written approval of the department, order buildings or facilities where people congregate closed during epidemics;
 - (d) on forms provided by the department, report communicable diseases to the department each week;
 - (e) before the first day of January, April, July, and October, give a report to the local board of sanitary conditions in the county, city, city-county, or district, together with a detailed account of his activities on forms and containing information required by the department;
 - (f) before the tenth day after the report is given to the local board, send a copy of the report required by subsection (1) (e) of this section to the department;
 - (g) as prescribed by rules adopted by the department, establish and maintain quarantines;
 - (h) as prescribed by rules adopted by the department, supervise the disinfection of places to the expense of the local board when a period of quarantine ends;
 - (i) notify the department of his appointment and changes in membership of the local board;
 - (j) file a complaint with the appropriate court if this chapter or rules adopted by the local board or state department under this chapter are violated.

(2) With approval of the department, local health officers may forbid persons to assemble in a place if the assembly endangers public health.

(3) A local health officer, who is a physician, may be placed in charge of a communicable disease hospital, but a local health officer, who is a physician, is not required to act as a physician to the indigent. A local health officer, who is not a physician, shall not act as a physician to anyone.

History: En. Sec. 87, Ch. 197, L. 1967,

amd. Sec. 2, Ch. 196, L. 1971; amd. Sec. 56, Ch. 349, L. 1974.

69-4511. Local health officers- appointment. If the county commissioners, or governing body of a first or second class city, do not appoint a health officer, the department may appoint a health officer thirty days after notification in writing has been given to the county commissioners or governing body of the city. A health officer appointed by the department has the same authority as a health officer appointed by a local board.

History: En. Sec. 88, Ch. 197, L. 1967;

amd. Sec. 108, Ch. 349, L. 1974.

69-4512. Visiting nurses.

(1) A local board may employ a qualified nurse for nursing services to persons under a physician's care who are confined to their homes. Before nursing services are provided, a physician must:

- (a) determine that the person needs the services of a visiting nurse;
- (b) direct the nurse to visit the person;
- (c) specify the type and duration of services to be performed by the nurse.

(2) Persons shall pay for the services at rates set by the local board. Local boards, on behalf of persons receiving services, may accept payment from persons or public agencies either directly from, or by contract with, the person or agency. All payments received shall be deposited in a special county or city fund and used to defray expenses of providing the service.

History: En. Sec. 89, Ch. 197, L. 1967.

69-4513. Health Officers - assistance of peace officers in enforcing law.

A state or local health officer may request a sheriff, constable, or other public officer to assist him in carrying out the provisions of this chapter. If the officer does not render the service, he is guilty of a misdemeanor and may be removed from office.

69-4514. Cases of communicable disease - reports by practitioners of the healing arts. If a physician or other practitioner of the healing arts examines or treats a person whom he believes has a communicable disease, or a disease declared reportable by the department, he shall immediately report the case to the local health officer. The report shall be in the form, and contain information, prescribed by the department.

History: En. Sec. 91, Ch. 197, L. 1967.

69-4515. Smallpox vaccination. If there is a reasonable belief that smallpox exists or may exist, the department may require all persons frequenting any schoolhouse within the infected or threatened district to be vaccinated, or to present evidence of successful vaccination with cowpox. Unless a person presents evidence of vaccination, it is unlawful for him to enter any schoolhouse in the district.

History: En. Sec. 92, Ch. 197, L. 1967.

69-4516. Diseased prisoners - removal from jail to hospital by local health officer.

(1) On written order of a local health officer, a diseased prisoner who is held in a jail and who is considered dangerous to the health of other prisoners, may be removed to a hospital or other place of safety. When the prisoner recovers from the disease, he shall be returned to the jail. If the prisoner was committed to jail by order of court, the order for removal and treatment shall be signed by the local health officer and filed with the court.

(2) A prisoner removed to a hospital or clinic for treatment shall not be considered to have committed an escape.

History: En. Sec. 93, Ch. 197, L. 1967.

69-4517. Obstructing local health officer in the performance of his duties unlawful. It is unlawful to:

- (1) hinder a local health officer in the performance of his duties under this chapter; or
- (2) remove or deface any placard or notice posted by the local health officer; or
- (3) violate a quarantine regulation.

History: En. Sec. 94, Ch. 197, L. 1967.

69-4518. Dead animals - unlawful disposition. It is unlawful to:

- (1) place all or any part of a dead animal in any lake, river, creek, pond, reservoir, road, street, alley, lot, or field; or
- (2) place all or any part of a dead animal within one mile of the residence of any person unless the dead animal or part of a dead animal is burned or buried at least two feet underground; or
- (3) being the owner, permit all or any part of a dead animal to remain in the places specified in subsections (1) and (2) of this section except as provided in subsection (2) of this section;
- (4) every twenty-four hours that a dead animal or part of a dead animal remains in the places specified in subsections (1) and (2) of this section except as provided in subsection (2) of this act is a separate violation.

History: En. Sec. 95, Ch. 197, L. 1967.

69-4519. Penalty.

- (1) If a person refuses or neglects to comply with a written order of a state or local health officer within a reasonable time specified in the order, the state or local health officer may cause the order to be complied with and initiate an action to recover any expenses incurred from the person who refused or neglected to comply with the order. The action to recover expenses shall be brought in the name of the city or county.
- (2) A person who does not comply with rules adopted by a local board is guilty of a misdemeanor. On conviction, he shall be fined not less than ten dollars nor more than fifty dollars.
- (3) Except as provided in subsections (1) and (2) of this section, a person who violates the provisions of this chapter, or rules adopted by the department under the provisions of this chapter, is guilty of a misdemeanor. On conviction, he shall be fined not less than ten dollars nor more than five hundred dollars, imprisoned for not more than ninety days, or both.
- (4) Each day of violation constitutes a separate offense. Fines shall be paid to the county treasurer of the county in which the violation occurs.

History: En. Sec. 96, Ch. 197, L. 1967; amd. Sec. 108, Ch. 349, L. 1974; amd. Sec. 3, Ch. 273, L. 1975.

THE LOCAL BOARD OF HEALTH

- I. The laws as pertain to Local Boards of Health: see pages 4, 5, 6, 7, and 8.

To discharge these responsibilities, a close working relationship between the State Department of Health and Environmental Sciences and Local Boards is vital. The state cannot fulfill its responsibilities without local leadership and involvement. The state can assist local boards by:

1. Adoption of standards which local officials can use.
2. Help in the development of the competency needed to handle local community health matters at the local level if at all possible.
3. Provide expert consultation services. Local health departments will never be able to develop in-depth expert technicians but should try to staff with good generalists. Then, the State Health Department can provide the expert specialists for problem solving in special cases.
4. Contract with local health departments for services.
5. Provide funds.

The health officer and the health department staff are the key persons who can help commissioners respond appropriately to the needs and desires of the people. Service will prosper only as board members are kept informed and become participating members of the health team.

THE LOCAL HEALTH OFFICER

- I. The laws as pertain to Local Health Officers: see pages 9, 10. and 11.

The health officer is responsible to the county commissioners for the conduct of the health programs and services provided the people of the county.

Local health boards and health officers have the power to enforce state health laws and rules by bringing civil actions to restrain violations of them, as does the Department of Health and Environmental Sciences. In addition, if local health boards and officers wish to pursue criminal penalties, a complaint may be filed with the local county attorney.

Local health officers frequently find their work impeded by misconceptions about local health departments. The misconceptions are occasionally held by professional persons as well as by laymen. The three major ones are outlined as follows:

The first misconception holds that community health services are only for the poor. Actually many services such as vision and hearing screening of children serve all alike. Sanitation services relating to water, milk, and food supplies protect all the people. Only a fraction of services, chiefly clinical services such as well-child care screening, are set up primarily for those who are unable or unwilling to secure private care.

The second misconception presumes that health departments are or should be concerned solely with communicable disease control. The top ten causes of death and disability are no longer due to communicable disease, and maintenance of well-being and community health dictate that underlying reasons be examined and dealt with in a community. Certainly the goals of public health as outlined in the statement of philosophy on page 1, state that adequate public health services deal with all aspects of community well-being, not only communicable disease.

The third holds that health departments are in competition with the private practice of medicine. Maintenance of health can come only through the coordinated efforts of private and public medicine - private medicine by increased availability of services to the sick, public medicine by increased services geared toward the maintenance of well-being, and by comprehensive services to those at high-risk. Whenever there is no commitment to this coordination, the people and their community suffer.

LOCAL HEALTH DEPARTMENT STAFF

The basic public health team needed for staffing a community local health department consists of a physician, nurse, sanitarian, and one clerk. To provide basic nursing services generally requires at least one community local health nurse per 4,000 population. If Home Health Nursing is provided, the ratio is one nurse per 2,500 population. A clerk is needed to maintain records, answer calls, and be present during the day when the nurse is in the field. Some counties are too small to have a full-time sanitarian; in such cases, a sanitarian may be shared between two or more counties. The recommended ration of sanitarians per population is 1/15,000.

MINIMAL SERVICES IN COMMUNITY NURSING

Building a caseload to reach the goal or the enhancement of the public health of the community:

- I. Maternal-Child Care
 - A. Home visits
 - Crisis Intervention
 - Counseling
 - B. Perinatal classes and clinics
 - C. Infant and preschool
 - Crisis intervention
 - Well-Child conferences
 - Group discussions with parents
 - Community education
 - D. Family planning
 - E. School nursing
 - Crisis intervention
 - Planning overall health program with school personnel
 - Responsible for standards of student health assessment
 - Liaison for health matters between family and school
 - Liaison for health matters between school and other agencies
 - Liaison for health matters between family and other agencies

- II. Adult health
 - Crisis intervention
 - Home visits
 - prevention of disease and disability
 - rehabilitation
 - nursing care
 - Community education
- III. Cooperate with groups organized for community planning.

SANITARIAN

The sanitarian is the health officer's staff specialist primarily concerned with environmental problems and is generally responsible for interpretation, investigation, and local enforcement. In most cases, the laws and regulations of the State Department of Health and Environmental Sciences are his guidelines and authority although local programs may also be of concern.

The local board of health and health officer have many responsibilities and authorities, either prescribed or authorized, under Sections 69-4501 - 69-4519, R.C.M. 1947, and elsewhere for imposition at the local level. The sanitarian is the health officer's information source and investigation arm in these matters and he should be utilized to the fullest.

The amount of involvement by the health officer with the sanitarian and environmental programs is developed in concert. Generally, the sanitarian carries out the routine activities directly with the state bureau concerned. The health officer usually reserves his involvement to re-enforcing the sanitarian in areas and situations where his authority would encourage the desired solution.

It is recommended that the health officer become generally familiar with the sanitarian's world of work, develop a procedural understanding with his sanitarian and lend his expertise and authority when required.

Minimal services in sanitation include:

- Water supply (drinking water)
- Water pollution
- Food poisoning
- Sewer and sewage
- Food contamination
- Disasters
- Air pollution
- Public building inspections

LOCAL COMMUNITY HEALTH SERVICES AND PROGRAMS

Services of a community health department are developed to meet the problems of the people in that particular area. For this reason the services may vary from one community to another. Preventing disease and promoting good health are basic to any health department. The Bureau of Vital Statistics of the State Department of Health can provide health data statistics in most areas to help determine the sources available, and local community interest are all parameters that should be weighed before a priority list of needs is established and programs started.

Major services include:

1. Communicable Disease Control-
By law the local health officer must use all known measures to prevent the spread of communicable diseases. This includes reporting and investigation of food poisoning, tuberculosis, diphtheria, infectious hepatitis, venereal disease, rabies, and others.

Local health departments offer immunization clinics and information for people of all ages.

State law recommends that each school district require every child entering a school in Montana for the first time to be immunized against diphtheria, tetanus, pertussis, polio, and measles, and any other communicable diseases recommended by the Board of Health and Environmental Sciences. This is done by the family physician and public clinics with follow-up by local health and school nurses.

Immunization certification for international travel is also a part of the services offered.

2. School Health Services-
Some schools conduct health screening of students. (The local board of education may contract with the county for the services of the local community health nurse.) Nurses do the screening under the direction of the local health officer cooperating with school and health officials.
3. Child Health Clinics -
These clinics offer immunizations for the preschool child. Besides immunizations, services include general health assessments, hearing and vision tests, skin testing for tuberculosis, nutrition, and parent counseling in growth and development.
4. Family Planning -
Family planning is designed to conserve the health and well-being of mothers through services designed to limit and space births to the number the parents wish. Services include cancer and disease detection and consultation on infertility as well as contraception.

5. Prenatal and Postpartum Care -

The community health nurse is also concerned with women's prenatal and postpartum care, and care of the newborn infant. Maternal and child health services for high-risk mothers and babies prevent illness or deformity when possible, and furnish emotional support in case of a malformed or retarded baby.

Parents of infants and young children can get advice on how to recognize the child's normal emotional, mental, and physical development and how to manage any deviations from normal.

6. Crippled Children -

The local community nurse provides case findings and follow-up services. When she finds a possible crippling condition, she usually makes the initial referral to the family physician.

7. Health Education -

In any service to promote health and prevent disease, public education plays a prominent role. What action people take, individually or collectively, depends largely on their knowledge of personal and community health and on their motivation to do something about it.

Health education includes publicity about local health services, school health, and general health education for the public. Educational materials include films, posters, displays, pamphlets, and books.

Whether the local health department utilizes staff health educators or those working at the state level, it can help with community organization. This might be groups already there or organizing a new group to study and solve community health problems.

The process involves people - citizens actively studying their own health and environmental problems and assuming responsibility for their solutions. Thus, a solid waste plan is not something imposed by a state agency but a plan made by the people themselves for their own community.

Training -

Responsibility for training is recognized by many local health departments. They offer classes for good service personnel of eating establishments and school lunchrooms, prenatal classes, expectant parent classes, ambulance driver courses, Medical Self-Help for disaster preparedness, First Aid, and accident prevention.

8. Community Organization -

Medical and professional groups, voluntary health associations, civic organizations, and individual volunteers also are all interested and concerned in the health services of their community. Their understanding and support is essential to the effective and proper operation of a local health department. Skill is required on the part of local health officers and staffs to develop the community support needed to accomplish the tasks before them.

9. Home Health Care -
Besides clinics, local health services should include home health service for people of all ages, but especially the elderly.

The community health nurse works with families who have actual and potential health problems. She provides certain kinds of nursing care in the home for sick and crippled children, and adults who are bedridden and handicapped, aged, and disabled. She teaches family members to give whatever care they can. Ideally, physical therapy, speech therapy, medical social service, or a home health aide should also be available when needed.

Home health service emphasizes prevention and rehabilitation to help prevent or handle disability. This may involve crisis intervention and counseling the emotionally disturbed or chronically ill needing help to replan their lives according to their limitations.

10. Dental Health -
Dental health education and screening is another community health service with referrals and follow-up. Large city health departments sometimes maintain dental clinics for people unable to pay for a dentist. Many communities have fluoridated their water supplies upon urging of the local health officer.

11. Migrant Health -
Migrant workers and their families receive health services in this state. Migrant children in day care centers are given complete physical examinations, immunizations, and family follow-up. Local physicians operate clinics on contract with the State Department of Health to provide these services.

12. Environmental Health -
Technical advice and appraisal assistance is available from area and central office personnel of the Division of Environmental Sciences. Legally the division carries the main responsibility for some categories of environmental health as public water supply, public sewage disposal, air pollution, radiation control, occupational health, and water pollution control.

The local health officer, however, has the major responsibility for other environmental factors. Included are single household water supplies, septic tank-lateral field systems, personal health complaints allegedly resulting from environmental problems, vector control, including flies, mosquitoes, and rats, private waste storage or improper disposal.

As solid waste management has come into its own, local health departments have assumed increasing responsibility for regulatory surveillance of disposal facilities. Air pollution control requirements that prohibit open burning of refuse have also had a drastic effect on city waste disposal operations. Open dumps are gradually giving way to sanitary landfills in Montana.

People can also expect community health services in food sanitation, inspection of nursing homes and child care homes, school sanitation, occupational health, radiological hazards, sanitation of recreation areas (swimming pools, reservoirs, and camps), accident prevention, housing, nuisance control.

The state and local boards of health are legally charged with the investigation and abatement of nuisances likely to be hazardous to people's health. If, after investigating a complaint at its site, the local health officer decides it constitutes a hazard to public health, he requests action to solve the problem.

A private nuisance, affecting only one person, does not legally concern public health authorities. They have no jurisdiction over private nuisances.

Other environmental aspects sometimes regulated by sanitary codes are solid waste collection and disposal practices, septic tank servicing and sludge disposal, mobile home parks, swimming pools, and food service establishments. The codes provide the detailed construction and design features of these various facilities as well as operation and servicing requirements.

To administer a sanitary code effectively, the local board of health must have the services of a sanitarian or environmentalist. Two or more counties may share the services of a sanitarian.

13. Accident Prevention -

Because accidents are surpassed only by heart disease, cancer, and cardiovascular disease as the leading cause of death in Montana, accident prevention is of vital concern to local health departments.

Accident prevention is interwoven into most community health services and programs. Evaluations of schools, child care homes, adult care homes, and hospitals include safety inspections. Nurses, in their home visits, are constantly on the alert for safety hazards. Sanitarians and environmental engineers are constantly on the watch. Local codes, rules, and regulations are established with public safety as a major factor.

14. Family Health Assessment Clinics -

Family-center clinics may include immunizations, urinalysis, developmental tests for preschool children, hearing, vision, and speech tests, blood pressure, pulse, hemoglobin, and diabetes testing, counseling.

Older people especially appreciate these services. Many welcome a chance to "talk things over" with a community health nurse. The screenings find chronic disease such as diabetes, cancer, tuberculosis, glaucoma, and arthritis. Physician referral and nurse follow-up give continuity of care.

15. Emergency Medical Services -

The local health officer can provide leadership in improving community emergency medical services. He could help to establish a local EMS Council, or if one was already in existence, he could participate in it. Upgrading ambulance services, training of emergency medical services personnel, development of criteria for handling various emergency conditions, all fall within the framework of EMS. Suggestions and assistance can be obtained from the State Emergency Medical Services Bureau.

BUDGETING FOR LOCAL HEALTH SERVICES

Of direct concern to the health officer is the problem of budgeting. Because much of the effectiveness and success of the public health program is determined by the amount of funds available, and their effective management, the health officer is urged to acquire an intimate acquaintance with his department's budget. A knowledge of the total budget of the governmental unit with which he is identified is also invaluable. Because virtually all funds available for public health programs are public revenues, the management of these funds is a public trust. The preparation and maintenance of a budget is an integral step in fulfilling this trust.

In brief, a budget may be defined as an administrative tool for the purposes of (1) estimating future needs and future resources, and (2) wise apportionment and systematic expenditure of the resources available during a given period of time. Every health department should adopt a budget plan, in the simplest form, adequate to its own needs.

Steps in drawing a budget should consider first the relative importance of the various programs expected to be carried out during the coming fiscal period. Consideration must be given to community needs, desires, and expectations in determining the degree of emphasis to be placed on continuing programs, as well as what programs are to be added, or what programs may be deleted.

Estimates of costs anticipated should be based on past performances and existing assets as well as upon plans for expansion and anticipated assets. At the same time the mechanical procedures involved should be kept as simple yet as useful as possible.

As an example:

County Health Department Fiscal Year 1977 Budget Request

Object	Actual Cost Fiscal 1975	Approved Budget Fiscal 1976	Budget Request Fiscal 1977
Salaries	\$ 34,424	\$ 38,200	\$ 43,000
Communications	2,783	3,000	3,000
Travel	3,622	3,700	3,900
Professional & Scientific Supplies	2,078	2,100	2,300
Office Supplies	342	325	350
Repairs & Servicing	143	150	150
Contingency	1,957	2,547	2,618
TOTAL	\$ 45,349	50,022	55,318

A good gadget, closely adhered to, tests the ability of the organization to make things happen according to its plan. It is generally agreed that organizations that develop and follow a well-ordered budget plan find greater favor from their administrative superiors or boards of directors, business associates, and potential sources of income. If an emergency or other situation requiring a significant but unexpected expenditure should arise, however, the health officer should feel free to appeal to the appropriating body for an emergency appropriation rather than attempt to meet the situation by transferring funds that have been set aside for other predictable expenditures.

In the process of obtaining the appropriations requested, the health officer should not assume the entire burden himself, but should share it with others in the community. The forcefulness of the health officer's budget request will be greatly increased when it is supported by groups of interested and influential citizens.

Financing of local health services is possible through a variety of sources. These may include any combination of the following:

1. General County Funds -
Appropriations for health programs may be made from the County General Fund to whatever extent the appropriating authorities (county commissioners) deem appropriate.
2. Special County Health Fund -
In addition to the General Fund, Montana statutes permit counties to levy an ad valorem tax. The proceeds are placed into a separate fund designated as "The County Health Fund," which can be used to help carry out health laws, rules and regulations, and for salary of county health officer and additional personnel. Counties of the first and second class may levy a maximum five mill tax on all property outside city limits to arrive at the county share of the health department funds. Cities may also levy a maximum of five mills on all property within city borders. All monies to be managed by the county treasurer. (Sec. 69-4508 RCM)
3. Cities of First, Second, and Third Class -
Cities of these classes may make funds available for health department budgets from the revenues available to them.
4. Revenue Sharing Funds -
Federal revenue sharing funds administered by local units of government can be used for support of health programs.
5. Local Boards of Education -
School boards may contract with local boards of health for the provision of school health services.

6. Fee for Services -
Fees may be charged for certain services and reimbursement can be expected from:
 - a. Medicare
 - b. Medicaid
 - c. Insurance
 - d. Health Maintenance Organizations
 - e. Client payments (in whole or in part).
7. Community Chest or United Way Services -
Health departments, especially those in large communities, may participate in United Drive Funding.
8. Grant-in-Aid Program administered by the State Department of Health -
Both federal and state funds are provided to local health units by the State Department of Health. These funds are provided to local health departments for support of Maternal and Child Health programs, Family Planning programs, and general public health services programs.

The formula for non-categorical assistance is as follows:

Full-time health departments receive \$5,000 + 10¢ per capita
Part-time health services receive \$500 + 10¢ per capita.

A population base of 40,000 - 100,000 is needed to provide the economic base ordinarily required to establish and maintain fully developed community health services including a full-time medical health officer.

Because of the wide variance in conditions among local health areas it is difficult to arrive at an accurate estimate of an average cost per capita per year for all basic community health services. Communities vary widely in the types and levels of health services demanded and provided. It now costs several dollars per capita per year to provide minimum basic community health services.

To secure adequate local funds, counties by law may join together to finance a multi-county health department.

9. The State Department of Health and Environmental Sciences also provides funds under contracts or agreements to local health departments to carry out special health programs. Local health departments may also apply for direct federal special program monies; such as WIC, migrant health, and others.

HOW IS A COUNTY OR DISTRICT HEALTH UNIT OBTAINED?

The law providing the mechanism whereby a health unit may be established will prove to be nothing more than a law written in the books unless the people of the community understand the benefits to be derived through provision of organized public health services and want such service to the extent that they are willing to pay for it and give it continuous and wholehearted support. The public officials in the county will act in accordance with the wishes of the citizens they serve.

Usually the first interest comes from a few individuals, some public or private agency or some local organization interested in public health. It then becomes the responsibility of that group to stimulate interest, overcome apathy, and create public opinion to support the movement. A small committee may be organized to study the situation and act as a steering committee. This committee may call upon the State Department of Health for interpretation and assistance in formulation of plans for procedure necessary for the establishment of a Health Unit. When such plan has been outlined, the membership of the committee may then be extended to include representatives of all official and non-official agencies and organizations in the community which are concerned with promotion of healthful living conditions and health protection. Publicity is given through the local press and talks before various groups so that there will be widespread understanding of the needs. The committee, with help from the State Department of Health and Environmental Sciences, can make a survey of health facilities and needs and give publicity to the findings. The medical and dental societies should be well represented on the committee as the full support of the professional groups is fundamental in the ultimate success of any public health program. The majority of public health activities cannot be carried out effectively unless the local physicians and dentists are participating to the fullest extent through their contacts with individuals in private practice.

It is also important that consideration be given so that adequate facilities will be provided for housing the Health Unit.

When the preliminary work has been done, the committee will be in position to meet with the Board of County Commissioners and request that the Board of County Commissioners take such action as is necessary to establish a County or District Unit. A member of the Board of County Commissioners should be on the original steering committee. The law gives the County Commissioners full power to establish a unit and provide for financing of same.

If plans are to be made for a District Unit, it would be necessary to have a steering committee for each county to be included in the district. A joint steering committee with representatives from each county committee should be organized to formulate plans for unified action in each county. Agreements for joint participation of the counties in the district would then be drawn up by the respective Board of County Commissioners.



Approved by: _____
Governor

HEALTH SERVICES DIVISION

Old St. John's Hospital
25 South Ewing Street
449-2554

The Health Services Division consists of the Bureaus of Dental Health, Maternal and Child Health, Preventive Health Services, and Microbiology Laboratory.

In addition, the Administrator of the Division acts as a coordinator of State Health Department services to local areas and serves as an advocate for local health departments to the State Health Department.

Comments, suggestions, and criticisms may properly be given to the Administrator. The Administrator may also be available to local health departments for consultation and assistance.

BUREAU OF DENTAL HEALTH

The goal of the Bureau of Dental Health is to improve the dental health of the general population of Montana through programs of prevention, education, services, and research.

The Bureau can offer special assistance to communities in planning and implementing the fluoridation of public water supplies.

It can help plan and implement topical application of fluoride programs, "Brush-In" programs or self-application of fluoride programs, and dental health programs in the school systems of the community.

The Bureau is involved in setting up continuing education programs; specifically cardio-pulmonary resuscitation, hospitals procedures, oral cancer detection, and others by request.

The Chief of the Dental Bureau acts as consultant for dental care programs for low income people, such as Children and Youth in Helena, Title XIX Medicaid, the Flathead County Dental Health Project for Children, and is willing to assist communities planning dental care programs.

The Bureau of Dental Health offers assistance in screening and DMF studies to indicate need for dental services in communities.

A limited supply of dental health education materials is available through the Bureau of Health Education or the Bureau of Dental Health upon request. A catalog of these dental health education materials can be supplied by writing the Bureau of Dental Health, State Department of Health and Environmental Sciences, Helena, Montana 59601.

You can request assistance in any of the above services by writing or calling:

Chief, Bureau of Dental Health
1400 11th Avenue
Helena, MT 59601

Phone: 449-3429

MATERNAL AND CHILD HEALTH BUREAU
Old St. John's Hospital
25 South Ewing
Helena, MT 59601

406-449-2554

The Maternal and Child Health Bureau provides both consultation and family planning services to men and women in their reproducing years and preventive services to infants, children, and young adults.

The success of any of the numerous MCH programs depends on a continuing interchange with local health units. The local health officer is urged to make use of services available to his community and to request other services not now available to his community. The following services may be of interest:

1. Well-Child Clinics

MCH has encouraged the formation of well-child care particularly in areas where medical personnel is scarce or where the low income need is great. This encouragement takes two directions:

- a. Training by the MCH nurse consultant to the local public health nurse to provide well-child conferences.
- b. Payment of physicians' time in areas that provide well-child clinics.

2. Family Planning

MCH sponsors fifteen family planning clinics in the state and will also provide MCH nurse consultation to public health nurses interested in expanding their ability to provide family planning education and counseling to their communities. Increased education for health officers could also be provided if the interest exists.

3. Education for Parenthood

Through the MCH nurse consultants, a Perinatal Education Manual and In-service Education is available to the public health nurse who wishes to offer prenatal education classes to her community. Films and pamphlets are also available to supplement the manual. A new manual in Growth and Development is also available to the public health nurse.

4. Title XIX Screening - Early Periodic Screening Diagnosis and Treatment

MCH, through the auspices of Social and Rehabilitative Services, provides health screening which includes immunizations, medical history, physical assessment, speech and hearing, dental, language, and developmental assessment to children of welfare recipients around the state.

5. Child Health Services

A program designed to decrease morbidity of disease by promoting early case finding of handicapping conditions and assuring provision of diagnosis and treatment for most conditions as soon as possible for all identified children. A manual has recently been published which outlines the procedures and rationale of the program.

Child Health Services also contributes to funding of:

- a. Cleft Palate Program - Multidisciplinary Team approach including oral surgeon, pediatrician, surgeon, audiologist, speech pathologist, nutritionist, and social worker who regularly review and work with the children in the program.
- b. Hearing Conservation Program is designed to screen children and adults for hearing problems and diagnosis of suspected problems. A state-wide program.
- c. Center for Handicapped Children - The Center in Billings provides diagnostic evaluation and then intensive therapy and education for a smaller number of children each year.

6. Program of Projects

Responsible for the development and continuation of:

- a. Children and Youth Project in Helena
- b. Maternity and Infant Care Project in Billings
- c. Newborn Intensive Care Project that involves the whole state
- d. Flathead Dental Health Project.

7. Nutrition

A nutritionist is on the staff and provides consultation to programs or persons interested in developing the potential for good nutritional evaluation and education.

8. Women, Infants, and Children (WIC)

The Special Supplemental Food Program for Women, Infants, and Children (WIC) is a nutrition and health care program prescribing selected nutritious foods and nutrition education to pregnant and nursing women, infants, and children under the age of five. Eligibility for WIC is based on financial and nutritional need; i.e., overweight, underweight, poor growth and inadequate diet. The WIC family will be involved in the ongoing health services provided through the local health department or agency.

Funds are made available to the State Health Department via cash grants from the Food and Nutrition Service of the United States Department of Agriculture, the federal agency administering the WIC program. The State Health Department, in turn, contracts with local health departments or other nonprofit agencies to provide the specified nutritious foods to WIC participants and to pay administrative costs including nutrition education. Food delivery system is through voucher system whereby participants obtain drafts from their local clinic which are then cashed in a local participating grocery store.

PREVENTIVE HEALTH SERVICES BUREAU

I. PERTINENT LAWS AND REGULATIONS

- A. Local Boards of Health, Sections 69-4501 through 69-4519
- B. Tuberculosis Control, Sections 69-4301 through 69-4317
- C. Venereal Disease Control, Sections 69-4601 through 69-4617
- D. Communicable and Reportable Diseases, MAC 16-2.18 (10)-S1840-S18020
- E. Transportation of Dead Human Bodies, MAC 16-2.18 (10)-S18040
- F. School District Immunization, MAC 16-2.18 (10)-S18050
- G. Quarantine Measures--Adoption and Enforcement, Section 69-4112

II. FUNCTIONS

Communicable Disease Control

- A. To maintain surveillance by various means of incidence of diseases hazardous to the public health.
- B. To stimulate and coordinate the investigation of any occurrence of any such disease as needed to ascertain the risk to the public health.
- C. To promote appropriate measures necessary to control focal or epidemic occurrence of such diseases, and to institute those control measures as required by laws of the State or rules of the Department.
- D. To coordinate and implement routine preventive measures on a statewide basis as necessary to protect the public health.
- E. To provide diagnostic and therapeutic advice and assistance to physicians and local public health personnel in the evaluation and management of diseases actually or potentially communicable or hazardous to the public health, including appropriate and timely laboratory support.
- F. To cooperate with the Animal Health Division of the Department of Livestock in investigating and controlling diseases in animals communicable to man.
- G. To provide special investigations (as needed) where local resources are not sufficient to support such investigation.
- H. To work with, consult with, and utilize services provided by, agencies of the federal government concerned with the epidemiology and control of communicable diseases.
- I. To provide information on a regular basis to the general public and various professional and non-professional groups about communicable disease hazards and preventive measures.
- J. To provide accurate, reliable information as necessary to alert the public to epidemic situations, and advise as to appropriate preventive measures, in such a manner as to minimize misunderstanding.

- K. To assure that residents of Montana have a level of quality protection equal to or better than that of other states.

Chronic Disease Activities

- A. To promote community programs for detection of hypertension (screening), for education of persons with hypertension, and to stimulate the provision of community services as necessary.
- B. To promote community programs for detection of diabetes mellitus (screening), for education of persons with diabetes, and to stimulate the provision of needed community services.
- C. To maintain the Heart Diagnostic Center (Great Falls) for provision of quality cardiac evaluation of all Montana children 0-21 years of age (in cooperation with the Maternal and Child Health Bureau's Crippled Children's Service).
- D. To promote early detection of breast and cervical cancer.
- E. To provide or stimulate resources and consultation on screening, prevention, and epidemiology of a variety of chronic disorders.

Consultation

- A. To provide expert epidemiologic assistance to other bureaus of the Department, to other agencies of the State government, to local health departments, and to other groups within the State on special problems.

III. PERSONNEL

Helena Office

Martin D. Skinner, M.D. 449-2645
State Epidemiologist and Chief 443-5349 (residence)
28 South Rodney, Helena
Mailing Address: Cogswell Building, Helena, Montana 59601

Communicable Disease Unit

Coordinator, Immunization & Venereal Disease Programs
Coordinator, Tuberculosis Program
Medical Epidemiologist, assigned from U. S. Public Health Service

Chronic Disease Unit - Helena

Public Health Nurse
Public Health Educator
Public Health Nutritionist

Field Epidemiologists

City-County Health Department 301 West Alder Missoula, Montana 59801	728-4510 (WATS 125-5441)
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Preventive Health Services Bureau 28 South Rodney Helena, Montana 59601	449-2645
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2718 Montana Avenue Billings, Montana 59101	657-2126 (WATS 122-2126)
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City-County Health Department Courthouse Butte, Montana 59701	792-0304 (WATS 123-288)
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Heart Diagnostic Center - Children

Montana Deaconess Hospital 1101 26th Street South Great Falls, Montana 59405	761-1200 Ext. 3156
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Tuberculosis Project - Butte

Courthouse Butte, Montana 59701	792-0304 (WATS 123-288)
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IV. SERVICES PROVIDED TO HEALTH OFFICERS, PHYSICIANS, & OTHER HEALTH PROFESSIONALS

1. Consultation on diagnosis and management of communicable and infectious diseases.
2. Provision of drugs (under certain conditions) for the treatment of syphilis and gonorrhea.
3. Provision of Isoniazid for the chemoprophylaxis of tuberculosis.
4. Provision of chest x-ray (fees) under certain conditions for the diagnosis and management of tuberculosis.
5. Provision of transport culture material for the culture diagnosis of gonorrhea.
6. Provision of vaccines against rubeola, rubella, and polio, for epidemic control, and for routine community clinics (upon request).
7. Investigation of disease occurrences.
8. Advice on the most effective control measures for certain diseases, and guidance on their application as necessary or as requested.

9. Provision of regular information on the occurrence of communicable diseases in Montana, as well as other information as necessary or requested.
10. Provision of diagnostic services for children with suspected or actual heart disease at the Heart Diagnostic Center in Great Falls.
11. Provision of gamma globulin at cost, and other biologicals for certain diseases, including Botulinus Antitoxin, Diphtheria Antitoxin, Rabies Vaccine, and Hyperimmune Anti-Rabies Serum.
12. Provision of information about immunizations and prophylaxis needed for foreign travel.
13. Consultation on organization and execution of community screening and education programs for Diabetes Mellitus, Hypertension, Heart Disease and Cancer.

V. PUBLIC HEALTH VETERINARIANS - ANIMAL HEALTH DIVISION, DEPARTMENT OF LIVESTOCK

(These persons are, on occasions, very valuable resources for problems relating to animal diseases, zoonoses, and some food products. Their names and locations are included for potential use.)

Vacant	State Veterinarian, Helena	449-2043 442-2931 (residence)
James Glosser, D.V.M., Deputy State Veterinarian		449-2043 442-8179 (residence)

In addition, 9 District Deputy State Veterinarians are stationed around the state and could be reached through the Helena office.

VI. RECOMMENDATIONS FOR CONTROL OF COMMUNICABLE DISEASE

For guidance in dealing with questions of contagiousness and control of the various communicable diseases, we recommend the following sources:

- A. Control of Communicable Diseases in Man, APHA, 1975, 12th Edition
- B. Contact Preventive Health Services Bureau, 449-2645, or 443-5349 (Dr. Skinner - home)

TUBERCULOSIS CONTROL

- Section 69-4301. Public policy of the state.
69-4302. Definitions.
69-4303. Rules for determination of tuberculosis - adoption by State Board of Health.
69-4304. Functions, powers, and duties of Department.
69-4305. Application to require person to submit to examination for tuberculosis or be treated in hospital.
69-4306. Application to require examination - necessary allegations.
69-4307. Application to require examination - procedure for hearing.
69-4308. Findings of court - orders.
69-4309. Commitment to hospital on noncompliance with order for examination for tuberculosis.
69-4310. Order of commitment - warrant for transportation.
69-4311. Confinement in hospital - submission to treatment.
69-4312. Release from commitment - procedure to obtain
69-4313. Release from hospital - notice of date.
69-4314. Transfer of person to another hospital - notice.
69-4315. Court costs, expenses and fees - payment.
69-4316. Transportation expenses - payment by county.
69-4317. Facilities for diagnosis and treatment of tuberculosis.

- 69-4301. Public policy of the state. It is the public policy of the state to:
(1) protect persons from the danger of tuberculosis in a communicable state;
(2) provide and maintain a comprehensive program for the prevention, abatement, and adequate control working toward eradication of the disease;
(3) cooperate with other state agencies and the federal government in carrying out these objectives.

History: En.Sec. 24, Ch. 197, L.1967.

- 69-4302. Definitions. As used in this chapter, unless the context clearly indicates otherwise:
(1) "Local Board" means a city, county, city-county or district board of health.
(2) "Tuberculosis" means a disease caused by the tubercle bacillus characterized by the production of tuberculosis lesions.

History: En.Sec. 25, Ch. 197, L. 1967.

- 69-4303. Rules for determination of tuberculosis - adoption by Department of Health and Environmental Sciences. The Department of Health and Environmental Sciences shall adopt rules for the determination of tuberculosis in a communicable state.

History: En.Sec. 26, Ch. 197, L.1967;
amd. Sec. 104, Ch. 349, L. 1974.

- 69-4304. Functions, powers, and duties of state department. (1) The department shall:
- (a) accept, spend, and distribute federal funds available for tuberculosis control;
 - (b) collect and study data on the incidence of tuberculosis.
- (2) The department may, if appropriate, contract with federal agencies or other state agencies for receipt and expenditure of federal funds.

History: En.Sec. 27, Ch. 197, L. 1967;
amd. Sec. 45, Ch. 349, L.1974.

- 69-4305. Application to require person to submit to examination for tuberculosis or be treated in hospital. (1) If a person is reasonably suspected to have, or to have been exposed to, communicable tuberculosis, upon request of:
- (a) a physician legally authorized to practice medicine in the state; or
 - (b) the department; or
 - (c) a local health officer; the department or a local board may apply for an order from the district court.
- (2) The application shall request that the person be ordered to:
- (a) submit to an examination for tuberculosis; or
 - (b) enter, or return to, a hospital for treatment if the person is a menace to public health.

History: En.Sec., Ch. 197, L. 1967.

- 69-4306. Application to require examination - necessary allegations.
- (1) The application for an order provided for in section 69-4305 shall allege that the person:
- (a) is suspected of having tuberculosis in a communicable state or has been exposed to communicable tuberculosis; is a menace to public health and has refused to be examined for tuberculosis as required by rules adopted by the department; or
 - (b) is suffering from tuberculosis in a communicable state; is a menace to public health; has refused to enter, or has left a hospital against the advice of a physician or health officer.
- (2) The application shall state the names of witnesses by which facts alleged may be proved. At least one witness shall be a physician.

History: En.Sec. 29, Ch. 197, L. 1967;
amd. Sec. 107, Ch. 349, L.1974.

- 69-4307. Application to require examination - procedure for hearing. The procedure for a hearing on the application is:
- (1) a summons stating the time and place of the hearing and a copy of the application is personally served on the person;
 - (2) the summons, with endorsement of the time of service, is filed with the district court prior to the hearing;
 - (3) not fewer than three nor more than seven days after service of the summons, a hearing is held in the district court;
 - (4) the court examines witnesses in attendance or others it wishes to call.

History: En.Sec. 30, Ch. 197, L. 1967.

69-4308. Findings of court - orders. Following the hearing, the court shall find that the allegations of the application are:

- (1) true and order the person committed to a hospital; or
- (2) true and order the person to submit to an examination for tuberculosis; or
- (3) not true and order the person discharged.

History: En.Sec. 31, Ch. 197, L. 1967.

69-4309. Commitment to hospital on noncompliance with order for examination for tuberculosis. If a person fails to comply with an order to submit to an examination for tuberculosis within the time set, the court shall order him committed to a hospital.

History: En.Sec. 32, Ch. 197, L. 1967.

69-4310. Order of commitment- warrant for transportation. The court shall send certified copies of an order of commitment to the hospital and the department or local board of health, and issue a warrant directed to the sheriff to transport the person to the designated hospital.

History: En.Sec. 33, Ch. 197, L. 1967.

69-4311. Confinement in hospital - submission to treatment. A person committed under section 69-4308 or 69-4309 shall remain at the hospital until discharged, but he is not required to submit to medical or surgical treatment without written consent. If the person is incompetent, consent by his next of kin or guardian is required. If a person is a minor, consent by his parent or guardian is required. The person in charge of the hospital may use reasonable means to insure that the person committed remains at the hospital.

History: En.Sec. 34, Ch. 197, L. 1967.

69-4312. Release from commitment - procedure to obtain. (1) A person committed under section 69-4308 or section 69-4309 may apply for a release. The procedure for the request and a hearing is:

- (a) not fewer than one hundred eighty days after commitment, the person applies to the court that ordered commitment requesting release;
 - (b) not fewer than three nor more than seven days after receipt of the request, the court holds a hearing.
- (2) Following the hearing, the court:
- (a) orders his discharge if it finds he no longer has tuberculosis in a communicable state.

History: En.Sec. 35, Ch. 197, L. 1967.

69-4313. Release from hospital - notice of date. If the person in charge of the hospital and the department or local board that requested commitment concur that a person is no longer a menace to public health, the person shall be released from the hospital. The person in charge of the hospital shall file a notice of date of release with the court that ordered commitment.

History: En.Sec. 36, Ch. 197, L. 1967.

69-4314. Transfer of person to another hospital - notice. If it is in his best interest, a person may be transferred from the hospital to which he was committed to another hospital approved by the department. The person in charge of the hospital to which the person was committed shall notify the court that ordered commitment, and the department or local board that requested commitment, of the transfer.

History: En.Sec. 37, Ch. 197, L. 1967.

69-4315. Court costs, expenses and fees - payment. Court costs, expenses and all fees shall be paid by the treasurer of the county from which a person is committed. Expenses and fees shall be paid as follows:

- (1) to sheriffs and their deputies the same fees allowed for similar services in district court;
- (2) to physicians, not to exceed two, fees as set by the court;
- (3) to witnesses the same fees and mileage provided for attendance in district court;
- (4) to persons other than the sheriff or his deputies who transport a person to or from a hospital, witness fees and expenses as verified by the court.

History: En.Sec. 38, Ch. 197, L. 1967.

69-4316. Transportation expenses - payment by county. Expenses of transporting a person to a hospital for commitment shall be paid from the general fund of the county from which the person is committed. The charge for care, treatment, and maintenance at Galen State Hospital shall be at the rate fixed by law.

History: En.Sec. 39, Ch. 197, L. 1967;
amd. Sec. 46, Ch. 349, L.1974.

69-4317. Facilities for diagnosis and treatment of tuberculosis. Galen State Hospital shall maintain facilities to carry out this chapter.

History: En.Sec. 40, Ch. 197, L. 1967;
amd. Sec. 47, Ch. 349, L. 1974.

VENEREAL DISEASE

- 69-4601. Venereal disease defined - dangerous to public health - exposing another to infection unlawful.
- 69-4602. Education campaigns by department of health and environmental sciences - cooperation with federal agencies - use of federal funds.
- 69-4603. Acceptance and disbursement of federal funds for control of venereal disease.
- 69-4604. Duty of physician to report cases of venereal disease.
- 69-4605. Examination and treatment of suspects - isolation or quarantine.
- 69-4606. Examination and treatment of prisoners.
- 69-4607. Duty of physician or other person to notify local health officer of suspected spread of infection.
- 69-4609. Certificates of freedom from disease.
- 69-4610. Information concerning infected persons - release.
- 69-4611. Serological test for syphilis.
- 69-4612 to 69-4615. Repealed
- 69-4616. Rules of department - binding effect.
- 69-4617. Penalty for violations of chapter, regulations or orders.
- 69-4601. Venereal diseases defined - dangerous to public health - exposing another to infection unlawful. Syphilis, gonorrhea, chancroid, lympho-granuloma, venereum, and granuloma inguinale are venereal diseases. Venereal diseases are contagious, infectious, communicable, and dangerous to public health. A person infected with a venereal disease shall not knowingly expose another person to infection.

History: En.Sec. 97, Ch. 197, L.1967.

Cross-Reference

Minors, consent to medical treatment,
Sec. 69-6101.

Collateral References

Health 22, 23

39 C.J.S. Health 12.

39 Am.Jur. 2d 361,369, Health
23, 31.

- 69-4602. Education campaigns by department of health and environmental sciences - cooperation with federal agencies - use of federal funds. The department of health and environmental sciences shall undertake to prevent, control and prescribe treatments for venereal diseases and may conduct education campaigns for this purpose. The department shall cooperate with federal agencies and may expend federal funds made available to the state for the prevention, control, and treatment of venereal diseases.

History: En.Sec. 98, Ch. 197, L. 1967;
amd. Sec. 57, Ch. 349, L. 1974.

- 69-4603. Acceptance with disbursement of federal funds for control of venereal disease. The department may accept federal funds available for the prevention, control, and treatment of venereal diseases, deposit funds in the state treasury, and disburse the funds.

History: En.Sec. 99, Ch. 197, L. 1967
amd. Sec. 58, Ch. 349, L.1974.

69-4604. Duty of physician to report cases of venereal disease. A physician who diagnoses or treats a venereal disease shall make a record and report the case to the department in the way and on forms provided by the department.

History: En.Sec. 100, Ch. 197, L. 1967.

69-4605. Examination and treatment of suspects - isolation or quarantine.

- (1) If found necessary or desirable to protect public health, state and local health officers or their authorized deputies or agents shall:
 - (a) examine, or have examined, persons reasonably suspected of being infected with venereal disease;
 - (b) require persons infected to report for treatment to a reputable physician and continue treatment, which may be at public expense, until cured;
 - (c) isolate or quarantine persons who refuse examination or treatment;
 - (d) investigate sources of infection of venereal disease.
- (2) No one but the state or local health officer may terminate the isolation or quarantine. Examinations may be made repeatedly as deemed advisable or desirable.

History: En.Sec. 101, Ch. 197, L. 1967.

69-4606. Examination and treatment of prisoners. Any person confined or imprisoned in any state, county, or municipal prison within the state may be examined for venereal disease. If infected, the person shall be treated by health authorities.

History: En.Sec. 102, Ch. 197, L. 1967.

69-4607. Duty of physician or other person to notify local health officer of suspected spread of infection. If a physician or other person knows or has reason to suspect that a person who has venereal disease is conducting himself in a way which might expose another to infection, he shall immediately notify the local health officer of the name and address of the diseased person and the essential facts in the case.

History: En.Sec. 103, Ch. 197, L. 1967.

69-4608. Prescribing of drugs or medicines for venereal disease limited to physicians. It is unlawful to prescribe, sell, or recommend any drugs, medicines, or other substances for the cure or alleviation of venereal disease except upon prescription signed by a physician legally authorized to practice medicine in this state.

History: En.Sec. 104, Ch. 197, L. 1967.

69-4609. Certificates of freedom from disease. No person shall issue a certificate of freedom from venereal disease. However, a physician or health officer may issue a statement of freedom from diseases in an infectious state only if it is written in such form or given under safeguards that will prevent its use in solicitation from sexual intercourse. These statements shall not be used for solicitation for immoral purposes.

History: En.Sec. 105, Ch. 197, L. 1967.

69-4610. Information concerning infected persons - release. Information concerning persons infected or reasonably suspected to be infected with venereal disease may only be released to:
(1) personnel of the department; or
(2) a physician who has written consent of the person whose record is requested.

For the purposes of this section the term "information" includes all knowledge or intelligence, and all communications of all knowledge or intelligence, oral or written, or in record form, and also includes, but is not limited to, information concerning the location or nature of the activities or work of all local, state, or federal employees, or officers, engaged in venereal disease eradication work, and such personnel are privileged and shall not be required to testify concerning anything within their knowledge or work activities having any relation to venereal disease work. The purpose of this section is to protect and preserve the principle of confidentiality in venereal disease work by public personnel, local, state, and federal, such confidentiality being all important to the success of all venereal disease eradication work and endeavor, and to require that the principle of confidentiality in such work remain inviolate.

History: En.Sec. 106, Ch. 197, L. 1967;
amd. Sec. 1, Ch. 135, L. 1971; amd. Sec. 109, Ch. 349, L. 1974.

69-4611. Serological test for syphilis. The department shall approve a standard serological test for syphilis. It shall also approve laboratories which may make such tests. On request the department shall make laboratory tests required by this chapter without charge. The department shall destroy the results of a test if an erroneous report is made.

History: En.Sec. 107, Ch. 197, L. 1967.

69-4616. Rules of department - binding effect. Rules adopted by the department for carrying out the provisions of this chapter are binding on all persons and have the effect of law.

History: En.Sec. 112, Ch. 197, L. 1967.

69-4617. Penalty for violations of chapter, regulations, or orders. A person who violates provisions of this chapter or rules adopted by the department concerning venereal disease, or who fails or refuses to obey any lawful order issued by a state or local health officer is guilty of a misdemeanor.

History: En.Sec. 113, Ch. 197, L. 1967.

LABORATORY DIVISION

ADMINISTRATOR
W. F. Cogswell Building
S.E. Corner Lockey & Roberts
Helena, Montana 59601

Phone : (406) 449-2642

CHEMISTRY LABORATORY BUREAU :

Alcohol and Abused Substances Section
Food & Consumer Safety and Occupational Health Section
Air Pollution Control Section
Water Pollution Control and Drinking Water Supplies Section

MICROBIOLOGY LABORATORY BUREAU :

Clinical and Determinative Bacteriology Section
Mycobacteriology, Parasitology, and Mycology Section
Sanitary and Environmental Microbiology Section
Venereal Disease Serology Section
Virology Section

Statutory authority for the public health laboratory in Montana :

RCM 1947 69-4110 Section 10 - With policy guidance of the state board,
the department shall:

(8) organize laboratory services and provide
equipment and personnel for those services;

Provisions in the codes which apply to the laboratory are :

a. MONTANA ADMINISTRATIVE CODE - Chapter 18 Maternal and Child
Health - Sub-Chapter 6 - Section 16-2.18(6)-S1820 INFANT SCREENING TESTS

b. MONTANA ADMINISTRATIVE CODE - Chapter 18 Maternal and Child
Health - Sub-Chapter 6 - Section 16-2.18(6)-S1840 PRENATAL CARE, SEROLOGICAL
TEST FOR

c. MONTANA ADMINISTRATIVE CODE - Chapter 22 - Sub-Chapter 1
Hospitals, Licensing and Certification - Section 16.2.22(1)-S2200 (f) Laboratory

d. MONTANA ADMINISTRATIVE CODE - Chapter 26 - Laboratory Division -
Sub-Chapter 1 Chemistry Laboratory - Section 16-2.26(1)-S2600 Alcohol
Analysis, Quality Control

e. MONTANA ADMINISTRATIVE CODE - Chapter 26 - Sub-Chapter 2
Microbiology Laboratory - Section 16-2.26(2)-S2610 APPROVAL OF LABORATORIES

f. MONTANA ADMINISTRATIVE CODE - Chapter 26 - Sub-Chapter 2
Microbiology Laboratory - Section 16-2.26(2)-S2620 PREMARITAL SEROLOGICAL
TESTS

Submission of specimens. Specimens should be sent in containers furnished by the laboratory. Test request forms, along with necessary instructions, are included in the kits. Containers may be obtained by telephone request to the laboratory. In certain instances specimens may be collected by sanitarians, law-enforcement personnel, public health field representatives, engineers or program personnel from other departments.

Functions of the laboratory. a) To provide public health laboratory services to other units of state government.

b) To serve as a reference laboratory for difficult and unusual procedures and to carry out those which would be too costly if not done in large volume. In this connection it should be pointed out that many tests are done in the state laboratory which should be done in the private sector. If there is doubt in your mind as to whether something should be sent to us, refer the matter to your consulting pathologist. Every licensed hospital has one who visits at least once a month.

c) To carry out tests required by statute or code.

d) To furnish consultative services when the subject under discussion involves health laboratory science. This includes appearing as expert witnesses in court.

About six times a year, a Laboratory Bulletin is published to convey pertinent information and data to our customers. The November issue is "Big Sky Lab Bench", our annual report for the preceeding fiscal year.

Examples of testing done in the state laboratory are :

Bacteriological and chemical tests of potable water supplies and natural waters for pollution control.

Chemical analysis of air and of substances which may contribute to air or water pollution. Chemical tests for pesticides.

Analysis of substances from the work environment.

Tests of breath and body fluids for alcohol and other abused substances. Tests on substances for the presence of toxic agents or drugs.

Viral serologic tests to determine immunity to German measles and other serologic tests to assist in arriving at a diagnosis.

Tissue culture inoculation for isolation and identification of viruses.

Reference bacteriology for species determination. Bacteriology of anaerobic infections.

Epidemiological microbiology : beta-hemolytic streptococci, diphtheria, gonorrhoea, enteric infections, food poisoning and nosocomial infections.

Laboratory services for tuberculosis control, mycology and parasitology.

We also provide proficiency testing services in syphilis serology, bacteriology, and breath-alcohol analysis. Quality control and back-up services for the state laboratory are provided by :

Bureau of Laboratories
Center for Disease Control
Atlanta, Georgia 30333

BUREAU OF NURSING

LEGAL REFERENCE

Title 69-4110 (11) - The Department shall supervise school and local public health nurses in the performance of their duties.

Montana Administrative Code 16-2.6(2) - S640 FUNCTIONS AND RESPONSIBILITIES

(1) Public Health Nursing is a basic public health service and a major component of the public health program. Nursing in the public health field requires judgment and is concerned with the whole range of health problems and with a complex network of family, community, and agency relationships.

(2) The responsibilities of public health nursing include:
(a) Promotion of the health of individuals and community groups through observation and investigation, planning, teaching, counseling and encouraging positive health practices.

(b) Caring for the sick, emotionally and physically, by providing or supervising restorative services and coordinating the efforts of all agencies and individuals involved in family care.

Public Health Nurses may be employed by state, counties, schools, industries, or other institutions.

(3) Approval for Employment. Public Health Nurses seeking employment in Montana shall submit their credentials to the department for approval of qualifications as outlined in job specifications approved by the Joint Merit System Council. The department shall be notified by either the Public Health Nurse or the agency when a nurse is employed.

(4) Responsibility to the Department. Public Health Nurses shall comply with policies and regulations of the department in the control and reporting of disease, in all department programs, and in submitting reports as requested.

(History: Sec. 69-4110, R.C.M. 1947; Order MAC 16-1; Adp. 12/31/72; Eff. 12/31/72)

LOCATION: Old St. John's Hospital Building
25 South Ewing
Helena, Montana

Phone: 449-2076

HEALTH EDUCATION

State statutes provide that the Department of Health and Environmental Sciences shall disseminate information for the control of disease and improvement of public health to persons, groups or the public; and shall conduct health education programs. The Centralized Services Division of the Department includes the Health Education Bureau which provides consultation services to local communities and local health workers. In addition the Health Education Bureau provides limited direct services in working with local groups and organizations in assisting them in planning health activities and health education programs for the benefit of local citizens. Educational materials including a film library are provided for citizens of the State. Film catalogs are available upon request.

Several programs of the Department include a health educator on staff. Requests for such programmatic assistance will be referred to the appropriate bureau or program.

The importance of health education cannot be overemphasized. Maintenance of well-being can come only through an individual's learning and understanding enough about health so that he assumes responsibility for keeping well and for support of positive community health programming. For information call 449-3444.

HOSPITAL AND MEDICAL FACILITIES DIVISION

Administrator
836 Front Street
Phone: 449-2037

Health Planning and
Resource Development Bureau
Chief
Phone: 449-3121

Emergency Medical Services Bureau
Chief
Phone: 449-3895

Licensing and Certification Bureau
Chief
Phone: 449-2037

LICENSING AND CERTIFICATION BUREAU

By Montana law (RCM Ch. 52, Sec. 69-5201-69-5221) this Bureau is responsible for drawing up and enforcing regulations for licensing the following types of health care facilities:

- Hospitals
- Long-term care facilities
 - Skilled nursing beds
 - Intermediate care beds
- Mental health facilities
- Mental retardation facilities
- Institutional infirmaries
- Home Health Agencies

By agreement with the U.S. Department of Health, Education and Welfare, (PL 92-603, "Social Security Act, as amended") the Bureau is responsible for enforcing Medicare and Medicaid regulations for certifying the following health care facilities and services:

- Hospitals
- Skilled nursing facilities
- Intermediate care facilities
- Home health agencies
- Independent medical laboratories
- Physical therapists in independent practice
- Out-patient physical therapy facilities
- Chiropractors
- End-state renal dialysis units

To carry out these responsibilities, the Bureau regularly inspects the facilities and services within its authority. It issues licenses to those which meet the applicable State standards, and withholds or revokes licenses of those which do not. It recommends certification (to the HEW regional office in Denver) for facilities and services which qualify under the Medicare and Medicaid standards, and recommends decertification of those which don't. The Bureau also performs other duties within the scope of its agreement with HEW.

HEALTH PLANNING AND RESOURCE DEVELOPMENT BUREAU

The Health Planning and Resource Development Bureau is responsible for administering those parts of the National Health Planning and Resource Development Act of 1974 (PL 93-641) which require action by state government.

Coordinating the health planning activities of the state is one of those responsibilities. This involves development of a State Health Plan and State Medical Facilities Plan which identify Montana's health needs, inventories health facilities, services, programs and policies in the state, and recommends ways to meet the health needs through improvement of the health care system. These activities must be coordinated with other health agencies, including those in federal, state and local government, and the Montana Health Systems Agency, which also administers section of PL 93-641.

Another function of the Bureau is to administer the Montana Certificate of Need Law and Section 1122 of the Social Security Act which require review and approval of proposed changes or additions of health services, programs and facilities. These reviews are designed to ensure that these proposals meet a community need, are financially feasible, can be adequately staffed and operated, and foster cost containment and quality care. The administration of these laws is based on the needs and priorities established in the State Health Plan and State Medical Facilities Plan.

As an extension of these review and approval responsibilities, the Bureau must periodically review health facilities for their appropriateness.

In addition, the Bureau administers federal dollars allocated for construction of health facilities in Montana. It audits costs and budgets of those facilities and monitors the free care offered by them.

EMERGENCY MEDICAL SERVICES BUREAU

The Emergency Medical Services Bureau, with staff in Helena, Billings, Great Falls and Missoula, is responsible for development and implementation of a statewide emergency medical services system. Activities of the bureau include statewide planning and recommending and securing for funding, administration of the state ambulance licensing law, emergency medical services training, including EMT training, professional training and public information and education. Additional activities include communications planning and assistance to local governments, evaluation of state and local emergency medical services programs, development of legislation, technical assistance to local governments, coordination of statewide programs and activities of the various departments which impact upon emergency medical services, improvement of the statewide emergency medical services transportation system, including air and ground transportation, both primary and secondary, and improvement of the in-hospital and inter-hospital care of critically ill and injured patients.

EMERGENCY MEDICAL SERVICES BUREAU (continued)

At the county level, coordination among the numerous agencies dealing with emergency medical services is absolutely critical. These agencies include health departments, physicians, hospital administrators, county medical societies, nursing organizations, county commissioners, city officials, law enforcement officials, fire officials, Red Cross and many others. Emergency medical services councils have been effective in some areas in coordinating the tremendous variety of activities with respect to emergency medical services; however, there is generally a need for a single focal point for emergency medical services at the local level. In many areas, the local health department would seem to be a logical choice for the center of emergency medical services activities. It is generally recognized that emergency medical services can be considered as a public health problem and that the development of an emergency medical services system at a local level is a health program which requires excellent medical direction and control.

Additional information may be obtained by contacting the Emergency Medical Services Bureau at 449-3895.

HOSPITAL & MEDICAL FACILITIES DIVISION

HEALTH PLANNING & RESOURCE DEVELOPMENT BUREAU

HEALTH PLANNING

Development of State Health Plan
Public Information
Health Data Coordination and Development
Technical Consultation
Standards and Criteria for Review Process
Grantsmanship

RESOURCE DEVELOPMENT

Medical Facilities Construction
Hill-Burton Grants and Loans Construction
Technical Consultation
Monitor Title VI Assurances (Hill-Burton)
Comment & Review - Health Facilities (Certificate of Need & 1122 Review)
Develop State Medical Facilities Plan
HSA Consultation & Coordination
Survey/Review Institutional Services

LICENSING & CERTIFICATION BUREAU

LICENSING

Hospitals; Long-Term Care Facilities; Mental Health & Mental Retardation Facilities; Hospital Related Facilities

MEDICARE CERTIFICATION

Hospitals; Skilled Nursing Facilities; Home Health Agencies; Independent Laboratories; Out-Patient Physical Therapy Facilities; End Stage Renal Dialysis Units

MEDICAID CERTIFICATION

Skilled Nursing Facilities; Intermediate Nursing Facilities; Intermediate Mental Retardation Facilities

EMERGENCY MEDICAL SERVICES BUREAU

Ambulance Licensing

EMT Training

Public Information and First Aid Training

Planning and Evaluation

EMS Radio Communication Network

Professional Education and Critical Care

Regional Coordination

FUNCTIONAL CHART

HOSPITAL & MEDICAL FACILITIES DIVISION
DEPARTMENT OF HEALTH & ENVIRONMENTAL SCIENCES

December, 1976

ENVIRONMENTAL SCIENCES DIVISION

The Environmental Sciences Division consists of six Bureaus which are in turn divided into specialty sections.

This publication does not attempt to describe the health officers' duties and responsibilities under Environmental Sciences Division laws and regulations. The scope of health officer involvement varies widely from subject to subject. It is recommended that local health officers research the applicable document and/or seek advice from the local sanitarian or the responsible Division Bureau.

Consultation

Advice and assistance is available from the Environmental Sciences Division through its various Bureau and Sections. An index of program responsibilities and contacts is provided in Annex A.

Emergency phone numbers are given in Annex B, but it is requested the home phone numbers be used only for emergencies during non-working hours.

The local sanitarian has many routine contacts with various Division personnel. Consultation service can be generally expedited if carried on in cooperation with the sanitarian.

Direct field site consultation is also available but prior notice is required to permit schedule adjustments.

Regulations

The programs of each section are based upon Montana law and the rules promulgated therefrom. An index is provided in Annex C.

The local county or city sanitarians administer the local responsibilities in these programs except where specific health officer action is required. As the legal representative of the health officer, sanitarians generally provide the authority and information source on the local level. Copies of the laws and regulations are usually on file with the sanitarian for reference and initial contact should be with him. Working agreements between the health officer and sanitarian should be developed and each responsibility determined.

The county or city attorney is also a source of legal guidance available to the health officer as is the legal staff of the Department of Health and Environmental Sciences.

Annex C lists the Acts and Statutes administered by the Environmental Sciences Division and rules and regulations related to these laws. Health Officer authority and responsibility varies from law to law and regulation to regulation. Those of interest should be consulted.

Service

Field investigations, surveys, training programs, and on-site consultation visits may be obtained from the division staff. So far as possible, requests for service should be made in advance of need to permit scheduling.

Copies of applicable laws, regulations, and circulars are available from the responsible Bureau upon request and at no charge.

Films, slides, and handout materials are available on various topics through the responsible Bureau. Requests should be made in advance of need to permit scheduling and delivery.

Technical services such as water testing, food analysis, and air monitoring are available. Further information is available in the following sections of this publication or from the responsible Bureau.

ENVIRONMENTAL SCIENCES DIVISION
BUREAU RESPONSIBILITIES

AIR QUALITY BUREAU

Cogswell Building, Helena, MT 59601

406-449-3454

This Bureau has within it three (3) sections:

- | | |
|---|--|
| <p>1. <u>Municipal Section</u></p> <ul style="list-style-type: none"> a. Dust Control <ul style="list-style-type: none"> Dust Suppression Oil and Pave Street Cleaning & Sweeping b. Incineration <ul style="list-style-type: none"> Permits Inspection - Field Patrol Compliance Schedules c. Smoke School <ul style="list-style-type: none"> Training to read Ringelmann and opacity d. Transportation <ul style="list-style-type: none"> Automobile & trucks Railroad Airplane | <p><u>Industry Section (cont.)</u></p> <ul style="list-style-type: none"> Stauffer Chemical Power Plants All Refineries Cement Elemental Sulfur Etc. b. <u>Light</u> <ul style="list-style-type: none"> Asphalt Plants Talc Sugar Packing and Rendering Stockyards Aggregate Forest Products <ul style="list-style-type: none"> TeePee Burners Hogfuel Boiler Plywood Mills Particle Boards Plants Pole Yards & Posts Grain Mills Etc. c. <u>Industry Section - Enforcement</u> <ul style="list-style-type: none"> Permits Variances Tax relief Inspections Compliance Schedule Emmission Inventory Complaints |
| <p>2. <u>Agriculture Section</u></p> <ul style="list-style-type: none"> a. Field Stubble Burning b. Ditch and Fence Cleaning c. Weed Cleaning & Control d. General Clean-up e. Slash Burning <ul style="list-style-type: none"> Road Construction Forest Service & Logging Bureau of Reclamation, BIA, BLM Corps of Engineers f. Railroad Right of Way Burning g. Highway Right of Way Burning h. Permits, Inspection, Compliance Schedule i. Resident Observers j. Ventilation Forecasting for open burning | |
| <p>3. <u>Industry Section</u></p> <ul style="list-style-type: none"> a. <u>Heavy</u> <ul style="list-style-type: none"> Anaconda - Great Falls AS&R - East Helena Anaconda - Anaconda Hoerner-Waldorf Aluminum Plant | |

FOOD & CONSUMER SAFETY

BOARD OF HEALTH BUILDING
406-449-2408

This Bureau has within it four (4) sections:

1. Food and Drug Section

- a. Foods, Drugs & Cosmetics
 - Packaging & Labeling
 - Adulteration
 - Misbranding
 - Embargo
 - Plant Inspection
 - Monitoring
 - Food Poisoning Investigation
 - Licensing
 - Sanitarian Consultation & Training

4. General Activities Section

- a. Enforcement -Food & Drug Law & Licensing Laws
- b. Training & Public Information
- c. Promotion of Local Sanitarian Service
- d. Establishing Standards
- e. Septic Tank - Permits & Licensing
- f. Complaint Investigations
- g. Program Evaluation

2. Vector Control Section

- a. Field Studies for Control of:
 - Insect
 - Rodent
- b. Mosquito Control Advisory Council Secretary
- c. Technical Service to Local Areas
- d. Training in Control Methods
- e. Field Patrol of Control Methods
- f. Investigation of Health Problems caused by Vectors

3. Public Establishment Section

- a. Surveillance of:
 - 1. Food Purveyors
 - 2. Hotel & Motesl
 - 3. Trailer Courts & Campgrounds
 - 4. Schools
 - 5. Jails
 - 6. Labor Camp
- b. Licensing (Including fee sharing)
- c. Housing
- d. Local Program Surveys
- e. Sanitarian Consultation & Training
- f. Food Service Worker Training

OCCUPATION HEALTH BUREAU

Cogswell Building, Helena, MT 59601
406-449-3454

This Bureau has within it two (2) Sections:

1. Industrial Hygiene Section

- a. Survey of all work places for excesses of dust, gases, mists, noise, lighting, heat, biological sampling, dust and gas control systems, ventilation
- b. Community noise survey and control
- c. Laboratory: Sampling and analysis of urine, blood, air, dust, water, etc.

2. Radiation Section

- a. All ionizing radiation: medical and dental x-ray, fluoroscopes, reactors, isotopes, well logging, uranium mines, design radiation protection
- b. Non-ionizing radiation: Microwave, Lasers
- c. Rad. surveillance of food, water, soil, air, milk, fallout, Microwave, Laser
- d. Rad. Laboratory: Sampling and analysis of food, water, soil, air, milk, random, etc.

WATER QUALITY BUREAU

555 Fuller Ave., Helena, MT 59601
406-449-2406

This Bureau has within it nine (9) Sections:

1. Public Water Supply Section

- a. Plan reviews
- b. Inspections
- c. Quality surveillance
- d. Operator instruction

2. Swimming Pools Section

- a. Plan reviews
- b. Inspections
- c. Operator instruction

3. Sewage Disposal Section

- a. Plan reviews
- b. Inspections
- c. Operator instructions
- d. Waste discharge permits

4. Municipal Construction Grants for Sewage Disposal Section

- a. Applications
- b. Plan reviews

5. Permits Section

- a. Waste Discharge Permits
- b. Plan Review
- c. Surveillance
- d. Enforcement

6. Water Quality Monitoring & Technical Studies

- a. Wastewater sampling and analyses
- b. Stream sampling and analyses
- c. Water Quality studies

WATER QUALITY BUREAU (CONTINUED)

7. Nonpoint Source Section

- a. Erosion control
- b. Salinity control
- c. Other waste waters

8. Water Quality Management Planning

- a. Water quality assessments
- b. Public participation
- c. Pollution control needs
- d. Proposed control plan

9. Water and Wastewater Operator Certification Section 406-449-2691

- a. Licensing
- b. Training material
- c. Examinations

SOLID WASTE MANAGEMENT BUREAU

Board of Health Building
406-449-2821

The Bureau has within it six (6) sections:

1. Sanitary Landfills and Other Disposal Methods

- a. Routine compliance inspections
- b. Technical information aid
- c. Site approval
- d. Dead animals

2. Junk Vehicles

- a. Licensing of motor vehicle wrecking facilities
- b. Approval and funding of county free vehicle graveyard plans
- c. Routine inspections of all motor vehicle wrecking facilities
- d. Junk vehicle disposal

3. Hazardous Materials

- a. Dissemination of information on handling and disposal of hazardous wastes
- b. Research

4. Training and Public Relations

- a. Dissemination of information state-wide on all aspects of Bureau work.
- b. Public programs to groups and organizations on request
- c. Technical training sessions for landfill operators

5. Resource Recovery

- a. Market development
- b. Aid in planning and implementation of local programs
- c. Comprehensive state-wide solid waste management and resource recovery plan
- d. Information dissemination

6. Enforcement

- a. Junk Vehicle Disposal Law
- b. Solid waste law

SUBDIVISION BUREAU

Board of Health Building
Helena, Montana 59601
406-449-2946

Regional Office
M & M Building
Kalispell, Montana 59901
406-755-5521

Bureau has three (3) sections:

1. Engineering Section
 - a. Plan review of water supply and sewage and disposal systems
 - b. Review of storm water drainage system
 - c. Evaluate optimum population density for an area
2. Environmental Assessment Section
 - a. Evaluation of the environmental impact a subdivision will have on an area
3. Inspections
 - a. Site visits to determine how closely water and sewerage plans were followed

ACTS AND STATUTES ADMINISTERED BY THE DIVISION

NAME	TITLE	CHAPTER	RCM	BUREAU RESPONSIBLE
The Clean Air Act	69	39	1947	Air Quality
Occupational Health Act	69	42	1947	Occupational Health
Radiation Control Act	69	58	1947	Occupational Health
Water Pollution Control	69	48	1947	Water Quality
Public Water Supply	69	49	1947	Water Quality
Subdivisions	69	50	1947	Subdivision
Water & Wastewater				
Operators Certification	69	59	1947	Water Quality
Public Swimming Pools	69	55	1947	Water Quality
Food Service Establishments	27	6	1947	Food & Consumer Safety
Food, Drug, & Cosmetic Act	27	7	1947	Food & Consumer Safety
Flour & Bread	27	8	1947	Food & Consumer Safety
Hotels, Motels, and				
Rooming Houses	34	3	1947	Food & Consumer Safety
Tourist Campgrounds,				
Trailer Courts	69	56	1947	Food & Consumer Safety
Sanitary inspection of				
schoolhouses, churches,				
theaters & jails	69	41	1947	Food & Consumer Safety
Refuse Disposal Areas	69	40	1947	Solid Waste Management
Pesticide Control	27	2	1947	Food & Consumer Safety
Vector Control	16	42		Food & Consumer Safety
Shoddy Control	69	47	1947	Food & Consumer Safety
Septic Tank Cleaners	69	54	1947	Environmental Services
School Sites & Plans	75	82	1947	Water Quality
Junk Vehicle Disposal Law	69	68	1947	Solid Waste Management

RULES OF THE AIR QUALITY BUREAU

Section	16-2.14(1)	-S1400	Permits, Construction and Operation of Equipment
	16-2.14(1)	-S1410	Limit Action of Levels of Emissions
	16-2.14(1)	-S1420	Incinerators
	16-2.14(1)	-S1430	Particulate Matter, Industrial Processes
	16-2.14(1)	-S1440	Particulate Matter, Airborne
	16-2.14(1)	-S1450	Particulate Matter, Fuel Burning Equipment
	16-2.14(1)	-S1460	Visible Air Contaminants, Restrictions
	16-2.14(1)	-S1470	Sulphur Oxide Emissions
	16-2.14(1)	-S1480	Odors, Control of
	16-2.14(1)	-S1490	Open Burning Restrictions
	16-2.14(1)	-S14000	Malfunction of an Installation
	16-2.14(1)	-S14010	Circumvention
	16-2.14(1)	-S14020	Motor Vehicles, Control of Pollution
	16-2.14(1)	-S14030	Wood Waste Burners
	16-2.14(1)	-S14040	Ambient Air Quality Standards
	16-2.14(1)	-S14050	Testing Required, Facilities
	16-2.14(1)	-S14060	Fluoride Emissions, Restrictions
	16-2.14(1)	-S14070	Petroleum Products, Existing Storage
	16-2.14(1)	-S14080	Aluminum Plants, Fluoride and Particulate Emissions
	16-2.14(1)	-S14082	Standard of Performance for New Stationary Sources
	16-2.14(1)	-S14084	Emission Standards for Hazardous Air Pollutants

RULES OF THE SOLID WASTE MANAGEMENT BUREAU

Section	16-2.14(2)	-S14100	Refuse Disposal Area, Licensing
	16-2.14(2)	-S14261	Junk Vehicle Disposal

RULES OF THE FOOD AND CONSUMER SAFETY BUREAU

Section	16-2.14(2)	-S14110	School Environment
	16-2.14(2)	-S14120	Jails, Sanitary Inspections
	16-2.14(2)	-S14130	Dance Halls and Pleasure Resorts
	16-2.14(2)	-S14140	Railway Stations and Cars
	16-2.14(2)	-S14150	Hotel, Motels, Tourist Homes
	16-2.14(2)	-S14170	Tourist Campgrounds
	16-2.14(2)	-S14180	Industrial Camps, Logging, Labor
	16-2.14(2)	-S14190	Campgrounds, Sanitation
	16-2.14(2)	-S14200	Food Drug and Cosmetic Act, Federal Regulations Adopted
	16-2.14(2)	-S14210	Food Service Establishments
	16-2.14(2)	-S14211	Food Processing Establishments
	16-2.14(2)	-S14220	Vending of Food and Beverages
	16-2.14(2)	-S14230	Meats, Standards for
	16-2.14(2)	-S14240	Nuisances
	16-2.14(2)	-S14250	Rummage and Second-hand clothing
	16-2.14(2)	-S14260	Insecticide Vaporizers

REGULATIONS
OF THE
FOOD AND CONSUMER SAFETY BUREAU

Section	16-2.14	(2)	-S14090	Licensing Policy of Department
	16-2.14	(2)	-S14100	Refuse Disposal Area, Licensing (Solid Waste Bureau)
	16-2.14	(2)	-S14110	School Environment
	16-2.14	(2)	-S14120	Jails, Sanitary Inspections
	16-2.14	(2)	-S14130	Dance Halls and Pleasure Resorts
	16-2.14	(2)	-S14140	Railway Stations and Cars
	16-2.14	(2)	-S14150	Hotels, Motels & Tourist Homes
	16-2.14	(2)	-S14160	Trailer Courts
	16-2.14	(2)	-S14170	Tourist Campgrounds
	16-2.14	(2)	-S14180	Industrial Camps, Logging, Labor
	16-2.14	(2)	-S14190	Campgrounds, Sanitation
	16-2.14	(2)	-S14200	Food Drug and Cosmetic Act, Federal Regulations Adopted
	16-2.14	(2)	-S14220	Vending of Food and Beverages
	16-2.14	(2)	-S14230	Meats, Standards for
	16-2.14	(2)	-S14240	Nuisances
	16-2.14	(2)	-S14250	Rummage and Second-hand Clothing
	16-2.14	(2)	-S14260	Insecticide Vaporizers
	16-2.14	(2)	-S14261	Motor Vehicle Wrecking Facilities (Solid Waste Bureau)

REGULATIONS
OF THE
OCCUPATIONAL HEALTH BUREAU

Section	16-2.14	(6)	-S14270	Radiation Control
	16-2.14	(6)	-S14280	Occupational Noise
	16-2.14	(6)	-S14290	Occupational Air Contaminants
	16-2.14	(6)	-S14300	Laser Energy Restrictions
	16-2.14	(6)	-S14310	Threshold Limit Charts

REGULATIONS
OF THE
WATER QUALITY BUREAU

Section	16-2.14	(10)	-S14320	Plans for Sewer Systems
	16-2.14	(10)	-S14330	Cross Connections
	16-2.14	(10)	-S14350	Groundwater Supply, Investigation
	16-2.14	(10)	-S14360	Surface Water Supply, Investigation
	16-2.14	(10)	-S14370	Water Wells, Drilling
	16-2.14	(10)	-S14380	Private Water Supplies, Licenses for
	16-2.14	(10)	-S14390	Common Carriers, Water Supply, Investigation
	16-2.14	(10)	-S14400	Railway Stations, Drinking Water
	16-2.14	(10)	-S14420	Water Sold in Containers
	16-2.14	(10)	-S14430	Natural and Artificial Ice
	16-2.14	(10)	-S14440	Swimming Pools and Public Bathing
	16-2.14	(10)	-S14450	Swimming Areas, Construction, Maintenance & Operation
	16-2.14	(10)	-S14460	Plans and Permits, Sewage & Industrial Waste Disposal
	16-2.14	(10)	-S14470	Grant Program, Water Pollution

RULES OF THE
OCCUPATIONAL HEALTH BUREAU

Section 16-2.14(6)	-S14270	Radiation Control
16-2.14(6)	-S14280	Occupational Noise
16-2.14(6)	-S14290	Occupational Air Contaminants
16-2.14(6)	-S14300	Laser Energy Restrictions
16-2.14(6)	-S14310	Threshold Limit Charts

RULES OF THE
WATER QUALITY BUREAU

Section 16-2.14(10)	-S14320	Plans for Sewer Systems
16-2.14(10)	-S14330	Cross Connections
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16-2.14(10)	-S14390	Common Carriers, Water Supply, Investigation
16-2.14(10)	-S14400	Railway Stations, Drinking Water
16-2.14(10)	-S14410	Common Carriers, Water, and Ice Supply
16-2.14(10)	-S14420	Water Sold in Containers
16-2.14(10)	-S14430	Natural and Artificial Ice
16-2.14(10)	-S14440	Swimming Pools and Public Bathing
16-2.14(10)	-S14450	Swimming Areas, Construction, Maintenance & Operation
16-2.14(10)	-S14460	Plans and Permits, Sewage & Industrial Waste Disposal
16-2.14(10)	-S14470	Grant Program, Water Pollution

HEALTH AND ENVIRONMENTAL SCIENCES

Section 16-2.14(10)	-S14471	Reimbursement of State Grant Money for Water Pollution Control Facilities
16-2.14(10)	-S14480	Water Quality Criteria and Stream Classification
16-2.14(10)	-S14490	Human Excreta, Disposal of in Cities
16-2.14(10)	-S14500	Human Excrement, Disposal
16-2.14(10)	-S14510	Refuse from Houses
16-2.14(10)	-S14520	Cesspools, Septic Tanks, Operations
16-2.14(10)	-S14530	Confined Livestock Feeding Control of Pollution
16-2.14(10)	-S14540	Barnyards and Stockpens

RULES OF THE
SUBDIVISION BUREAU

Section 16-2.14(10)	-S14340	Subdivisions
16-2.14(10)	-S14341	Fee Schedule for Plot or Subdivision Review

RESOURCES INFORMATION:

1. Control of Communicable Diseases in Man, 12th Edition, Abraham S. Benson, American Public Health Association. Available from Preventive Health Services Bureau.
2. Communicable Disease Wall Chart.
Available from Health Education Bureau.
3. Guidelines for Child Health Services Program.
Available from Maternal and Child Health Bureau.
4. Services of the Environmental Sciences Division.
Available from Environmental Sciences Division.
5. Catalog of films, filmstrips, pamphlets, etc.
Available from Health Education Bureau.
6. Complete copies of the laws and regulations as pertains to public health.
Available from the specific bureau or division or from the Director's office.
7. Primary Functions and Responsibilities of the Environmental Sciences Division - 1977

